



ANNUAL REPORT

PILES USED FOR STORAGE OR TREATMENT

FACILITY NAME: TYPE: <input type="checkbox"/> Pile for Storage <input type="checkbox"/> Pile for Treatment	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:
FACILITY LOCATION (STREET ADDRESS):	COUNTY:	
FACILITY CONTACT (name):	FACILITY PHONE:	
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	
OPERATOR: (Company/Business):	OPERATOR CONTACT (Name):	

Did you operate in _____?

☐ Yes **If yes**, proceed to next section and complete the form.

☐ No **If no**, answer the following questions, sign, date and return. This completes your reporting obligations.
 When did you stop operations? _____

Do you plan to restart? ☐ No ☐ Yes When? _____

PLEASE SIGN AND DATE THIS FORM AND RETURN:

Prepared by: _____ Date: _____

REPORT QUANTITIES IN TONS:

Waste Type	Amount Received	Amount Removed for Use	Type of Use	Amt. Removed for Disposal	Name of Disposal Facility	Amt. Remaining (end of reporting year)

(form continued on back)

Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No			
During the reporting year, were there any changes in your management practices that would impact your operations? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____			
Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ _____			
Planned start date: _____			
DID YOU RECEIVE WASTE FROM:	WHERE FROM	TYPE OF WASTE	EST. AMOUNT (Tons)
Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREPARED BY:		DATE:	PHONE:

*To receive this document in alternate format, contact Ecology's Solid Waste & Financial Assistance Program
 At 360-407-6900 (Voice), 711, or 1-800-833-6388 (TTY).*